

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | IC NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 45 | 5/20 |
| FORMALITY REVIEW | R. | TC 873 | 06-19-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ Rejected
 = Allowed
 (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date | |
|-------|----------|--|
| Final | Original | |
| 1 | 02/01/03 | |
| 2 | 02/01/03 | |
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| Claim | Date | |
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| Claim | Date | |
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If more than 150 claims or 10 actions
staple additional sheet here

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